OTHER THAN

SMALL ENTITY

TOTAL

OR

ADD'L FEE

OR

SMALL ENTITY

Approved for use through 7/31/2006. OMB 0651-0032
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(Column 2)

Substitute for Form PTO-875

CLAIMS AS FILED - PART I

(Column 1)

	(Coloriar 1)						Г					
		FOR	NUMBER	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE	FEE
		C FEE FR 1.16(a))					L		s	OR		<u>s</u>
	TOTA	AL CLAIMS FR 1.16(c))		minus 20 =				x s=		OR	x s=	
	INDE	PENDENT CLAIM: FR 1.16(b))	s	minus 3	= ·			x s=		OR	x s=	
					CFR 1.16(d))		ſ	+ 5 =		OR	+ 5=	
							_	TOTAL		OR	TOTAL	
B	* If the difference in column 1 is less than zero, enter "0" in column 2.											
BEST	CLAIMS AS AMENDED – PART II										OTHE	R THAN
T AVAILABLE COPY			(Column 1)	olumn 1)		(Column 3)	SMALL ENT		NTITY	OR	–	ENTITY
	ΤA	3 3105	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	AMENDMENT	Total	* 18	Minus	PAID FOR	= /	Ī	x s 25 =		OR	x s <u>50</u> =	
		(37 CFR 1.16(c)) Independent	. 2)	Minus	3	=	Ī	× s_100=		OR	x s <u>200</u>	
		(37 CFR 1.16(b))	ATION OF MULTIPLE		AIT CLAIM (37 CE	R 1.16(d))		+s 180=		OR	+ 5360	
	_	FIRST PRESENT	ATION OF MULTIPLE	DEFENDE	HI OBOTT (OF OF			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
$\mathbf{O}$			(Column 1)		(Column 2)	(Column 3)	. ,		<del>,</del>			
9	8 5		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	ENDMENT	Total (37 CFR 1.16(c))	·	Minus	**	=	]	x s=		OR	x s=	
	2	Independent (37 CFR 1.16(b))	•	Minus	•••	=		x s=		OR	x s=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						}	+ \$=		OR	+ s=	<u> </u>
		FIRST PRESERV						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
						(Caluma 3)				•		
	1 _		(Column 1)	,	(Column 2)	(Column 3)	٦ .			1		
	0 1		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
		Total	AMENDMENT	Minus	**	=	1	x \$=		OR	x s=	
	ENDMENT	(37 CFR 1.16(cl)	•	Minus		=	1	x s=		OR	x s=	
	1 10	(37 CFR 1.16(b))	I	1	1		-1			1	1	1

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Ine Trignest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE